



**MANUFACTURED HOME COMMUNITIES  
AGENT CHANGE FORM**

Department of Safety &  
Professional Services  
Manufactured Home Unit  
P.O. Box 8935  
Madison, WI 53708-8935  
Phone: (608) 264-9596

Agent Name	
Effective Date of Change	License Year

**TYPE OF CHANGE (CHECK ONE)**

<input type="checkbox"/> New Community <input type="checkbox"/> Reinstate Community <input type="checkbox"/> Increase Sites from _____ to _____ <input type="checkbox"/> Complaint <input type="checkbox"/> Community Closing – Date: _____	<input type="checkbox"/> Change of Community Name <input type="checkbox"/> Change of Community Address <input type="checkbox"/> Change of Owner Name <input type="checkbox"/> Change of Owner Address
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**NEW COMMUNITY INFORMATION**

Community Name	Community ID No.
Street	P.O. Box
City/State/Zip	
No. Of Sites	Water: <input type="checkbox"/> Public <input type="checkbox"/> Private Septic: <input type="checkbox"/> Public <input type="checkbox"/> Private

**NEW OWNER INFORMATION**

Owner Name	Community ID No.
Street	P.O. Box
City/State/Zip	

**COMMENTS**

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